

1591

AGE AND SEX OF DECEASED. PHYSICIANS SHOULD STATE CAUSE OF DEATH IF POSSIBLE. IF ANY ITEM CAN NOT BE OBTAINED INSERT WORD "UNKNOWN." MAKE EVERY EFFORT TO SECURE THIS INFORMATION. INCORRECT CERTIFICATES WILL BE RETURNED FOR CORRECTION.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH 775	
County	<u>Graham</u>	BUREAU OF VITAL STATISTICS	148 State Index No.
District		ORIGINAL CERTIFICATE OF DEATH	
Town		County Registered No. <u>40</u>	
Or City		Local Registrar's No. <u>9</u>	
No.		St.	
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)			
FULL NAME <u>Rinda Ferguson</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH
DATE OF BIRTH	<u>February 21</u> (Month) (Day) (Year)		<u>June 21</u> 191 <u>3</u> (Month) (Day) (Year)
AGE	<u>43</u> yrs. <u>4</u> mos. days	If less than 1 day, hrs., or min.	I hereby certify, that I attended deceased from <u>June 21</u> to <u>June 27</u> 191 <u>3</u> ; that I last saw h. alive on <u>June 27</u> 191 <u>3</u> , and that death occurred on the date stated above at <u>9 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Insanitation</u>
OCCUPATION	(a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) (Duration) <u>7</u> yrs. mos. days
BIRTHPLACE	(State or country) <u>Lawrence Co. Ky.</u>		Was disease contracted in Arizona? <u>yes</u>
PARENTS	NAME OF FATHER		If not, where? <u>Indigestion, Zepherine & mental derangement</u>
	BIRTHPLACE OF FATHER (State or country)	<u>Lawrence Co. Ky.</u>	CONTRIBUTORY <u>Indigestion, Zepherine & mental derangement</u>
	MAIDEN NAME OF MOTHER	<u>Anna Brown</u>	(Duration) <u>2</u> yrs. mos. days
	BIRTHPLACE OF MOTHER (State or county)	<u>Lawrence Co. Ky.</u>	(Signed) <u>R. C. Dryden</u>
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Informant) <u>M. P. Ferguson</u>		LENGTH OF RESIDENCE	
(Address)		At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	Former or Usual Residence	
UNDERTAKER	ADDRESS	Filed <u>July 6</u> 191 <u>3</u> <u>3 Mrs. P. G. Dryden</u>	
		Filed <u>July 10</u> 191 <u>3</u> <u>R. C. Dryden</u>	
		Local Registrar	
		County Registrar	